Founded 1872

BULLETIN

THE MAHONING COUNTY MEDICAL SOCIETY
Volume LIX Number 6 September 1989

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BULLETIN

MAHONING COUNTY MEDICAL SOCIETY

Volume LIX September 1989 Number 6

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The Bulletin is published nine times a year monthly with the exception of May, July & August, by the Mahoning County Medical Society, 5104 Market St., Youngstown, OH 44512. Ph. 216/788-4700. Eleanor Pershing, Executive Director

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President's Page

Karl F. Wieneke, M.D.

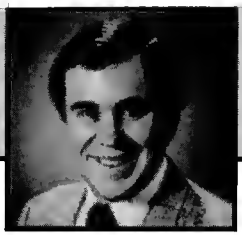
Without a doubt, Dr. Timothy Woodbridge, first president of the Mahoning County Medical Society, (1872) and every president since, has concerned himself with the promotion of membership in this organization. The Mahoning County medical Society was founded in November, 1872, with ten physicians as members and is the oldest organization of professionals in the city or county. From these humble beginnings, our membership has grown to include 536 members. This represents solid growth and progress, but in order to have a viable organization, we must continuously attract and encourage new members to join us.

As you well know, July is the time of the year when new resident physicians arrive at our hospitals, residents who have just completed their training are setting up practice and new physicians to the area are establishing themselves in the community. Therefore, this is a most appropriate time to invite these potential members to join the Mahoning County Medical Society.

Each of us can recruit in his or her own way, but one effective method, in addition to merely asking physicians to join, is to personally bring one to a meeting with you. This is the easiest way to introduce and welcome them to a new organization. It gives them a real feeling of "belonging". In addition, each contact made by the new member is an opportunity for the opening of new horizions. As we approach the observance of Columbus Day on October 9 this year, let us remind ourselves that when he sailed beyond the horizon almost 500 years ago, Columbus changed the world and expanded our horizons forever. Most of us will never do anything as dramatic in our own lives as physicians, but we can change the world in our own way and effect change by working together to promote the science and art of medicine. To do this, we need more members and we especially need the new young physicians. They are our future.

When we attended our son's graduation from medical school in May this year, included in the program was a recitation of the Oath of Hippocrates by the new graduates after the conferring of degrees. It was, indeed, a very poignant moment in the Kennedy Center as each young doctor slowly and with serious deliberation repeated each word of the Oath. As these new physicians and the new young attending physicians set out to expand their own horizons, let each of us extend a warm and helping hand to them. We need them. We want them to join us and to carry on the tradition of this wonderful and noble profession.

"As long as I keep this promise, I hope to enjoy happiness in life, success in my profession, the respect of my fellow man....."



From the Desk of the Editor

Brian S. Gordon, M.D.

ET – GO HOME

Congress is "fed" up. MDs spending too much on the Medicare program. Expenditures are spiraling and not only that there's no end in sight. How can we build another stealth bomber worth over a billion dollars if we keep on spending it on such useless measures as keeping the elderly alive? Something's got to give!! OK, AMA, what are you going to do about it? It's not our problem, it's yours!

The AMA started to get desperate. How about a few excuses - would that suffice? Hmmm...I guess not. Then, stage left, came the ASIM. Here's the proposal. We'll put everything into perspective. We'll call it the relative value system and give it initials in order to make it official - RBRVS.

Sounds good, but that still doesn't control costs. So two big Congressional committees this spring endorsed two ways to control it. Born from this was an endorsement of the RBRVS but added to it were ETs without BBs. ETs (Expenditure Targets) were designed to limit the total Medicare budget. If exceeded, cuts in payments for physicians would be initiated across the board for all physicians in the following year. If ETs were met, an approximate 4% increase would be allowed for the following year. While this sounds "rational" to Congress and the Bush administration, it still doesn't control those who run high cost procedures and could increase their income be expanding their base at the expense of procedure limited practices such as Internal Medicine or Family Practice. Though many surgical specialties do endorse ETs for those reasons, most subspecialty organizations are against them. BB (Balanced Billing) is not supported by Congress since this would force patients to pay the difference between what is approved for payment and actual charges by individual physicians.

With the ground swell for RBRVS with ET gaining momentum and only one government agency voting against it, the AMA is being forced to offer still another alternative. This is called practice parameters (not big enough for initials yet). With this the AMA hopes to convince Congress to provide funds for research in order to set standards for patient care. If a physician goes outside these parameters, sanctions and denial of payments will be assessed. If well constructed, these parameters could be used to protect good care by good physicians and weed out those giving substandard or supra standard care. Mechanisms for appeal would also be constructed to cover outlying situations which deserve unusual care.

This fall will mark the bulk of the AMA campaign to organize organized medicine and convince the Congress that practice parameters deserve initials next to RBRVS and ET -- Go Home!

Medical Decision Making

Leonard P. Caccamo M.D. FACP

Problem Solving and The Art of Medicine An Introduction

"Knowledge is of two kinds. We know a subject ourselves or we know where we can find information upon it."
Boswell, Life of Johnson (1775)

"Diagnosis is a matter of probability, as those of us who follow he fate of our patients to post mortem room know only too well. Prognosis is a matter of probability and in judging treatment we have to base our judgment on knowledge of probabilities"
Pickering

With this column the Youngstown Medical Decision Making Society is inaugurating a series of articles on decision analysis, problem solving and the use of the medical literature in problem based learning.

As medical educators we are acutely aware of a common clinical paradox. It is entirely possible for certain physicians, with or without board certification, to know a limited number of facts and yet make excellent use of them at the bedside. Conversely, others seem to possess a wealth of textbook knowledge, yet demonstrate inappropriate problem solving behavior. Why this difference in performance?

Conventional medical school curricula force-feed students large quantities of information from which they are expected to regurgitate correct reponses to specific examination questions, often multiple choice. Simultaneously, it is judged unfair for instructors to ask questions not covered in lectures or reading assignments. Students are almost never formally taught by instructors "how to solve problems" and are expected to learn from observing expert clinicians at work. The skills of data collection are initially taught utilizing the model Murphy (1) has labeled "The Method of Exhaustion." This approach, although useful in the novice stages of training, implies that the physician first collects all the facts in an orderly manner and then thinks about them. This is just not true in actual clinical practice! Data collection is hypothesis driven.

Upon graduation the medical student makes an abrupt transition from this artificial stimulus response atmosphere to a world of clinical UNCERTAINTY, with its twin edged sword of independent DECISION MAKING and ACCOUNTABILITY. Medical graduates find themselves on busy clinical services

faced with more questions than answers and often challenged before a satisfactory amount of data can be gathered. This situation can aptly be described in the famous aphorism by Claude Bernard: "MEDICINE IS A SCIENCE FORCED TO PRACTICE BEFORE IT IS READY."

Graduates eventually learn that physicians never have all the data that they would like before making responsible decisions. Patients usually have multiple problems in contrast to the single diagnosis students have grown accustomed to seeing on written examinations. There may be, at times, as many as 15-30 abnormal clues for each patient. Some clues may fit more than one problem, while others fit none. Many of the observed problems were never covered in formal lectures, textbooks or clerkship assignments. Problem solving, or the ability to make effective decisions in the face of such uncertainty, has been obscurely called the "Art of Medicine". In a 1979 text written for undergraduate medical students, Rabey(2) suggested that this ambigous concept could be clarified by "analytic" counterparts which could make medicine easier to learn, remember, communicate and use. This analytic approach suggests the use of quantification, probability algebra and utility theory. Today problem solving strategy can be identified as "disciplined thinking" and is exemplified by the science of decision analysis.

Medicine thus strives to classify the classifiable and measure the measurable; yet disease remains an explanatory concept found only in textbooks not in individual patients. Physicians still tend to forget that species of disease do not exist except as the result of an arbitrary classification, often in the face of a changing spectrum. All such capricious classification is for a specific purpose. In medicine that purpose is for diagnosis, treatment and prognosis. Clearly, such a system is obviously an uncertain and predictive one!

We make empiric decisons based upon learned patterns; but such generalizations can be risky, for the more we focus our attention upon the individual patient and his story the greater the danger that we may lose sight of the disease process. Conversely, the more we focus upon the details of the disease process the more we are in danger of loosing sight of the patient's personal problems and his uniqueness as an individual. When the patient presents with a problem our idealized view holds that a disease process is either present or absent while the uncertain probability that this is true resides in our minds. The physician adjusts his initial presupposisitons (prior probabilities) in the light of additional acquired data often in the form of laboratory tests. Currently we have superb, effective diagnostic tools. Physicians have grown accustomed to such high technology and harassed by a litigious society, they have turned to testing as a way of life. It has now become a source of large

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#669 - Canfield Twp., 2000' road frontage on St. Rt. 46 and Western Reserve Rd. $110,000.

- RESIDENTIAL -

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Commercial, North of Rt. 224

Many parcels and acreage to choose from for development and investment with all utilities, properties fronting on Rt. 224 near I-11 in Canfield, 6 acres 366' frontage x 707' deep, all utilities. Will sell all or part, all lots.

Comm. Development Investment $250,000

#570 - boardman large 8 acre parcel, all utilities available, approx. 325' frontage x 1100' deepo for retail free-standing shops, strip plaza, fast food franchise, condo offices or combination. Wise development and investment.

Franchise Commercial Site $275,000

#573 - Boardman 350' frontage x 480' deep, all utilities, will consider selling all or part of frontage, approx. 4 acres, priced at $275,000, outstanding, fast food location or any type comm.-retail operation, located across from large strip plaza.

Car Lot/Franchise Site

#571 - Boardman 200' frontage x 5 acres, excellent location, excellent investment for development, perfect franchise car lot site or for your new retail office building - $150,000.

Austintown Commercial - $50,000

#525 - Wedgewood 70X420' lot zoned commercial, across from strip plaza, excellent for car lot, salon, barber shop, real estate or insurance offices, any type of home-business operation, features 6-room house, 2 baths, full basement, double garage and summer house.

16-1/2 Acres $75,000

#527-528 - Outstanding S. Raccoon Rd. across from high school. Could be zoned for apartments, 565' frontage on Raccoon. Call for information, for investors, contractors and developers only.

Boardman Commercial $59,900

#561 - For sale or rent, 1500 sq. ft. on first floor, for retail or offices, full basement, zoned commercial.

Ice Cream Business $26,000

#413 1 yr. free rent from closing newer Boardman location custom bldg. across from Southern Park Mall on Market St. Take over business, includes equipment, no real estate, super deal, cash buyers only.

Welding and Machine Shop

#112 - 600X630', 8.67 acres, 10,000 sq. ft. bldg., sale includes business, equipment and real estate, $650,000. Owner financing possible.

Way Over $100,000 Net

#628 - We have an excellent business for $260,000, includes beautiful central air conditioned home and 3 commercial bldgs., on 10 acres. Country nursery and garden center, net income before taxes will be verified with P&L seller financing with 30% down and 10% intrest, outstanding opportunity for a family country home and business operation. Call for business brochures and appt. today.

News from NEOUCOM

Robert J. Bonnell

We Should Educate Patients About The Need For Animal Research

The past few years have seen a significant increase in activity by groups calling for either the elimination of the use of pound animals or a complete ban on the use of all animals in medical research.

Many groups have been involved in peaceful, non-violent protests; however, some have engaged in criminal activities including death threats and destruction of research facilities causing millions of dollars in damage. Regardless of the nature of the protest, the goal is the same, i.e., to increase public support for the groups' anti-animal-research position.

In some cases, they have been successful. For example, public support in Massachusetts led to a state law banning the use of pound animals in research. This applies to pound animals from out of state also.

However, surveys have shown that up to three quarters of the public feels that animals are a valuable and vital resource for medical researchers.

Late last year, the Summit County medical community was faced with an attempt by the Summit County Council to ban the use of pound animals for medical research. Northeastern Ohio Universities College of Medicine (NEOUCOM) worked with a number of Akron hospitals to get the proposed law changed to assure the continued availability of pound animals.

More recently, an animal rights group held a peaceful protest at the Mahoning County Animal Shelter to oppose the use of pound animals in research.

We can expect these protests to continue, in northeastern Ohio as well as throughout the country.

What can the medical community do to counteract this campaign of misinformation? What can we do to assure the continued availability of animals for necessary medical research?

We can educate the public, we can educate the patient.

Early this year NEOUCOM submitted a proposed resolution to the Medical Schools Section of the American Medical Association requesting the AMA take a position on physicians' taking a more active approach in educating their patients about the need for animals in medical research.

The AMA House of Delegates approved a resolution that reads in part:

> "RESOLVED, That the American Medical Association reaffirm its commitment to public education by encouraging physicians to place copies of material describing the medical benefits of animal research in their office waiting rooms."

NEOUCOM has copies of an appropriate brochure available for general distribution to patients. Physicians who would like to review a sample copy of the

brochure should contact NEOUCOM at 747-2247, ext. 300.

In addition, the medical community should be prepared to respond to questions from patients who are concerned about the use of animals in medical research.

Some facts we might share with patients:

1. Virtually every major medical breakthrough in the past century resulted from studies involving laboratory animals:

— heart, lung, kidney and liver transplants
— surgical procedures such as coronary bypass,
— reattachment of limbs and replacement of joints
— identification of the AIDS virus
— immunizations for polio, diphtheria, mumps, measles, whooping cough and hepatitis
— medications to treat high blood pressure, infections, diabetes, and arthritis
— chemotherapy for cancer patients

2. An extensive system of laws, guidelines, regulations and principles have been enacted to assure the proper treatment and welfare of laboratory animals.

3. The vast majority (more than 90%) of the animals used in research are rodents.

4. Dogs and cats from pounds account for less than one percent of the animals used in research in the United States. Fewer than 200,000 pound animals are used in research each year; on the other hand, up to 15,000,000 animals are euthanized in pounds annually. That is more than 41,000 animals each day or 28 animals each minute, 24 hours a day.

5. Most institutions (including Northeastern Ohio Universities College of Medicine) use only stray animals from pounds; they do not use animals brought to the pound by their owners.

6. The animals procured from pounds would otherwise be euthanized at the pound.

7. If use of pound animals is banned, specially-bred animals will have to be used. This will not save the pound animal that is about to be euthanized and will also result in a second death, i.e., of the specially-bred animal.

8. For any invasive procedure, the animal is properly anesthetized and feels no pain.

9. Some research can be done using computer models; however, other research requires the use of animals.

For a long time, we have virtually ignored the campaign of misinformation being promulgated by the animal activist organizations. By educating our patients, we can help to assure that researchers today and tomorrow will have access to animals when necessary to carry out important medical research.

Mr. Bonnell is Director, Office of Communications, Northeastern Ohio Universities College of Medicine.

From the Bulletin

Robert R. Fisher, M.D.

FIFTY YEARS AGO – SEPTEMBER 1939

Lots of social activities took place that month. A corn roast was held in September, a dinner dance in October, and a banquet in December. The Doctor's Secretaries Organization held it's Harvest Moon Dance at the Mahoning Country Club.

The Medical Crier wanted to know why so many children returned to school all rosy-cheeked after their summer vacation and promptly came down with a severe respiratory infection.

FORTY YEARS AGO – SEPTEMBER 1949

St. Elizabeth Hospital had a big intern reunion day. Dr. H.E. Clark from the New York Graduate School spoke on "Management of Lesions of the Colon and Rectum." Dr. J.K. Herald led the discussion. Afternoon golf winners were S.W. Ondash, Harold Reese, A.M. Marinelli and D.R. Dockry. Door prizes went to Bill Breesman, Lou Shensa and Bill Maine. Chairman of the affair was R.V. Clifford. Bill Breesman and Fred Lamprich were interns then. Bill Maine later became famous as a Senior Olympics champion.

THIRTY YEARS AGO – SEPTEMBER 1959

C.C. Chen wrote about Endotrachial Anesthia in Infants and Children. He claimed many advantages over open-drop anesthia.

Dr. Elmer Kirkwood died. He was first director of the Mahoning County Tuberculosis Sanitorium since it's opening in 1925.

TWENTY YEARS AGO – SEPTEMBER 1969

Many now prominent physicians were new members that year. They were Dr. Ikuo Maeda, Dr. Anthony Pannozzo, Dr. Betty Jane Klahr, Dr. Rashid Abdu, Dr. Fernando Carbonell, Dr. Jose Gonzalez, Dr. Gene Butcher, Dr. William Katz, and Dr. Charles McGowen. It was a good year for the Society and for the community.

There were also some important losses. Dr. Sidney Franklin passed away. He had a degree in Law and Medicine. Also, Mrs. Mary B. Herald passed away. She was the Society's first Executive Secretary, and also managed the Medical-Dental Bureau.

TEN YEARS AGO – SEPTEMBER 1979

Editor H.S. "Mike" Wang reported that 95% of the practicing physicians in Mahoning County were members of the MCMS. He urged all members to encourage young physicians still in their residency to become members of the Society, thus increasing our membership while also giving guidance and direction to those who will be the leaders of tomorrow.

Dr. William L. Mermis died at the age of 71, in Scottsdale Arizona. He was an internist and allergist.

Six senior members were elected to Emeritus Membership. They were Dr. G.E. DeCicco, Dr. W.J. Flynn, Dr. J.A. Patrick, Dr. J.B. Birch, Dr. J.A. Renner and Dr. W.E. Sovik.

No new members were reported that month, and no corn roasts.

Canfield Fair '89

"Something To Crow About"

Beginning in 1946, the Mahoning County Medical Society has sponsored the medical and health exhibit at the annual Canfield Fair. Since 1971, the exhibits have been housed in a permanent building - one of the very few of its kind in the United States!

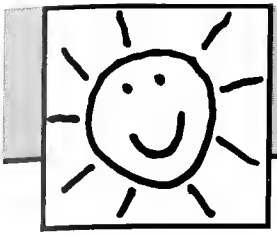
Thirty-five separate health related organizations man individual booths and offer education and services to the public. Among other things, people could have their blood pressure checked, along with screening for hearing, glaucoma, amblyopia, cholesterol and blood oxygen. The three area hospitals are represented together with the Corydon Palmer Dental Society and of course the Medical Society.

Again this year, the Medical Society booth was staffed all five days from 9 a.m. to 9 p.m. by physicians who answered general medical questions and who demonstrated various aspects of their respective specialties. This volunteer effort was very well received by the public and offered a unique public relations opportunity for the Medical Society. An estimated 200,000 people came through the building during the Fair!

The Medical Society wishes to thank Joe Donofrio and the Lyons Physician's Supply for the loan of the examining room furniture, Dr. John Melnick for the View Box/X-Rays and Dr. Ludwig Deppisch for the Pathological Specimans. A special "thank you" to Dr. Fred Friedrich who served as Co-Chairman of the Canfield Fair Committee and who assisted in scheduling the volunteer physicians. In addition, Dr. Friedrich helped put together the second Medical Society exhibit of an old Doctor's office - circa 1900.

Finally, grateful recognition to those physicians who staffed the booth and gave of their time and expertise over the holiday week-end: Denise Bobovnyik, M.D., Steven Ballas, M.D., Kenneth Bulen, M.D., William Bunn, M.D., David DeMarco, M.D., Raymond Duffett, M.D., Esmeralda Espino, M.D., Robert Fisher, M.D., Gene Fry, M.D., Sanford Gaylord, M.D., Jerome Hightower, M.D., Reed Hoffmaster, M.D., James Lambert, M.D., Robert Maggiano, D.O., Perry Mostov, D.O., Jay Osborne, M.D., E.U. Sevilla, M.D., Howard Slemons, D.O., Robert Udell, D.O., Bruce Willner, D.O., Keith Wilson, M.D., Reginald Windom, M.D.

Jack Schreiber, M.D.
Chairman, Canfield Fair Committee



Caring Program For Children

A program introduced by Community Mutual Blue Cross and Blue Shield, the "Caring program for Children," has been developed to provide health benefits to the estimated 160,000 uninsured children in Ohio. Donations from charitable foundations, businesses, religious and civic groups, organized labor, as well as individuals, will be accepted through The Ohio Caring Foundation Inc., a not-for-profit public charitable organization. Community Mutual will match the contributions raised and will absorb all administrative costs in providing benefits and processing claims to allow 100 percent of the funds to be used exclusively for health care expenses.

Community Mutual will ask participating physicians to accept a reduced level of reimbursement (65% of the usual, customary and reasonable charge for physicians) as payment in full. If a non-participating physician is used for services covered under the program, the enrollee will receive the payment and be responsible for charges above the Caring Program's allowance.

The "Caring Program for Children" has been endorsed by OSMA. Physicians who are interested in participating should call 1-800-548-KIDS for more information.

Mini-Internship Program

The winter Mini-Internship is scheduled for January 8 - 9, 1990. Join the faculty and help provide an opportunity for those individuals, in the community, concerned with health policy to become more familiar with the practice of medicine. Please call the office (788-4700) if you can volunteer your time.

New Members

The following applications were presented and approved during the Sept. 12, 1989 meeting of Council. The applicants will become members of the Mahoning County Medical Society 15 days after their names have been published in the September issue of the Bulletin that is mailed to all members, unless an objection is received in writing by the executive director before that effective date.

Associate: Nicholas F. Agnesi, M.D.
Robert E. Fisher, M.D.
William L. Houser, Jr., M.D.
Kevin G. Ragosta, D.O.
Bhargava Ravi, M.D.
George Spirtos, M.D.
Manual M. Spirtos, M.D.
Milo N. Warner, D.O.

Active: Chris A. Knight, M.D.
William G. Reeves, M.D.

OSMA Committee Appointments 1989 - 1990

Standing Committees

Committee on Accreditation - Chander M. Kohli, M.D.
Committee on Art and Culture - Albert B. Cinelli, M.D.
Committee on Membership - Chester A. Amedia, M.D.

Special Committees

Committee on Cancer - Raymond Lupse, M.D., Karl F. Wieneke, M.D.
Committee on Maternal and Neonatal Health - Kurt J. Wegner, M.D.
Physicians Effectiveness Committee - Lewis K. Reed, M.D.
Task Force on Professional Liability - Richard A. Memo, M.D.

Insurance Hearings Held

The Ohio Department of Insurance, under the direction of George Fabe, recently conducted public hearings in seven Ohio cities, regarding the health insurance crisis affecting Ohioans. The Youngstown hearing was held September 12 at Youngstown State University and generated much interest from area residents who attended. Most participants gave testimony in support of the Ohio Universal Health Insurance Plan, (House Bill 425 introduced by State Representative Robert Hagan - D-Youngstown) which essentially parallels the Canadian health care system. Three members of the Mahoning County Medical Society, Dr. James Anderson, Dr. Sanford Gaylord and Dr. James Lambert provided testimony, voicing strong reservations about nationalized health care. After the hearings are completed a Task Force will be established to investigate and seek solutions to the health insurance crisis in Ohio.

The following is an analysis of House Bill 425
by John Van Doorn, Director, Department of Legislation OSMA

House Bill 425 would create the Ohio Universal Health Insurance Plan to provide every Ohio resident with basic health insurance coverage, and the bill would finance the plan by levying taxes on employers, employees, persons who earn interest or dividends in excess of $1,000 annually, and tobacco, beer, wine and liquor products. The bill also prohibits others, including private insurers, from competing with the Plan for the provision of this basic coverage.

Statement of Purpose

The bill creates the Ohio Universal Health Insurance Plan "for the purpose of providing a single, publicly financed statewide insurance program to provide comprehensive coverage for all necessary health care services for all residents of this state."

Who is eligible, and what services are covered?

"Every person who is a resident of this state is eligible...under the Plan", the bill states.

The bill says that every eligible person is entitled to benefits for any "covered service furnished...by a participating provider". Covered services would include, but not be limited to:

1. prescription co-payments, limited to $1 per prescription
2. mental health visits, subject to limits set by the Board of Governors of the Plan

3. some substance abuse treatment, object to certain limitations

The Bill further states what services would not be covered:

a. cosmetic surgery
b. medical exams for life insurance or for purposes of participating in a civil action in court
c. nursing home care

Plan monopolizes covered services

The bill would prohibit insurers, employers, and other plans from offering benefits which duplicate coverage which is provided by the Plan, but they may offer those services which do not duplicate the Plan.

Board of Governors for the Plan

The bill would establish a nineteen member Board of Governors whose responsibility it would be to administer the Ohio Universal Health Insurance Plan. The composition of the Board would be as follows:

10 consumer representatives, appointed by the Governor
5 provider representatives, appointed by the Governor
the directors of the Ohio departments of Health, Human Services, Insurance, and the Ohio Tax Commissioner

Among the many responsibilities this bill would give the Board, the following are a sample of interest to physicians:

(1) establish budget and policy guidelines for the Plan
(2) establish fee schedules
(4) approve changes in coverage offered by the Plan
(15) adopt rules...to establish standards and procedures for negotiating and entering into contracts with participating providers

Ohio Health Care Trust Fund

The bill would create the Ohio Health Care Trust Fund into which all monies would be deposited to carry out this Plan. The Board of Governors would administer the Fund. The bill states that monies from the Fund would be "used solely to establish and maintain primary community prevention programs, to pay participat-

ing providers, and to support construction, renovation, and equipping of health care institutions..."

Freedom of choice of health provider

The bill would permit an eligible person to choose "any participating provider, in including any physician whether practicing on an independent basis, in a small group, or in a capitated practice."

Further, the bill would prohibit participating providers from refusing to provide services to an eligible person based on "race, color, income level, national origin, religion, sex, sexual orientation, or other non-medical criteria."

Providers negotiate with Plan for reimbursement

The bill would require the Plan to negotiate with institutional providers of inpatient services, "on the basis of global budgets that are approved by the Board of Governors", an annual budget "based on past performance and projected changes in factor prices and service levels."

The bill also requires negotiations to take place between "the appropriate professional group" representing independent providers and the Plan. Reimbursement to independent providers is to be on a "fee-for-service basis." The bill would apply this negotiated fee schedule statewide, and it would prohibit providers from charging rates which are higher than the negotiated rates.

Taxes to pay for the Plan

For the purpose of providing revenue for the Plan, the bill would levy the following taxes:

1. on every Ohio employer, an 8% tax on the employer's total payroll
2. on every Ohio employee, a 1% tax on the employee's wages
3. on every person who earns interest or dividends in a single year greater than $1,000, a 2% tax on the earnings
4. on tobacco products, a 10% tax on the price of the product
5. on beer, wine, and alcohol products, a 10% tax on the price of the product

Receiving Medicaid and Medicare funds

The bill would direct the Director of Ohio's Department of Human Services to apply to the U. S. Secretary of health and Human Services to direct all federal payments under Medicare or Medicaid into the Ohio Health Care Trust Fund.

The Associate Dean's Column

Gene Butcher, M.D.
Western Reserve Care System

W. Robert Kennedy, Ph.D.
St. Elizabeth Hospital Medical Center

Time continues to move rapidly and a new academic year is upon us for the NEOUCOM program. This year the Youngstown curriculum at the two clinical sites will again involve years IV, V, and VI. The class rosters for students assigned to our campuses are:

Year IV:

• WRCS - Sundeep Dhillon, Ann Haynes, Anthony Koulianos, Susie Kwak, Annette Kypriano, Dominic Lefoer, Richard Mamrick, Sandra Massullo, Margaret McCormack, Rick Nelson, Ali Shaibani, Lee Tseng, Charles Wu.

• SEHMC - Peter Ames, Frank Batcha, Jasmine Brooks, Gertrude Cotiauk, David DeGraff, Jill Fitch, Bruce Heck, Robert Hudak, Jerry Hussong, Jane Joseph, Michael Mader, Anju Sidhwa, Todd Smith, Peter Szekely, Carlton Wong, Tim Woods.

Year V:

• WRCS - Neera Agarwal, Robert Angelo, Anita Apte, Mark Bowman, John Dalbec, Lori Darnell, Peter DeVito, Eric Geisler, David Goldfarb, Debra Guerine, Jeffrey Guy, Jeff Hess, Koula Koliadis.

• SEHMC - Jason Lin, Karl Luketic, Kimberly McAbee, Kirsten O'Neil, Joanna Rowe, Peter Shin, Mark Shivers, David Smith, Michael Snitzer, Robert Stansbrey, Barry Steinberg, Sandip Vasavada, John Zelis.

We hope you will welcome these students to our community, hospitals, and clinical departments.

This column will appear in the Bulletin monthly and will focus on information about NEUOCOM programs with particular emphasis on the Youngstown Campus Activities.

American Association For Clinical Chemistry
Northeast Ohio Section

presents

CHOLESTEROL, A KEY TO THE SECRETS OF ATHEROSCLEROSIS

FRIDAY, OCTOBER 13, 1989

Cleveland Airport Marriott Hotel
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8:00 a.m. - 4:00 p.m.

For additional information call:

Kimbroe Carter, MD (216) 746-7211, ext. 3664

International Dinner

Sponsored by

Mahoning County Medical Society Auxilliary

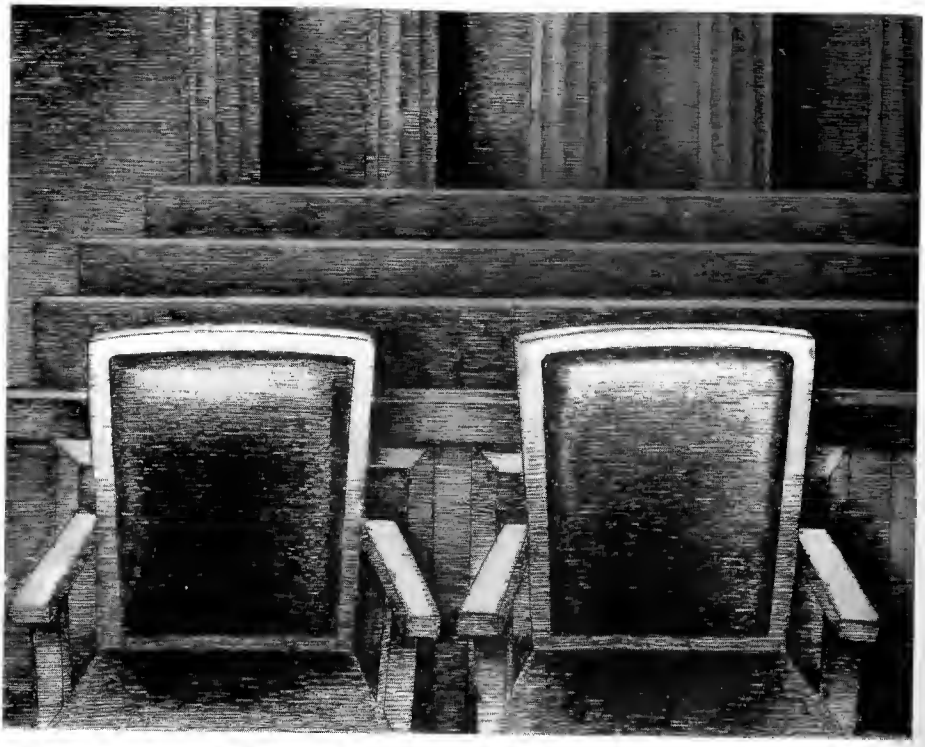
OCTOBER 19, 1989

St. Mark's Orthodox Church
3560 Loganway, Youngstown, Ohio

6:30 p.m. - Cocktails (Cash Bar) • 7:30 p.m. - Dinner is served.
Cost: $10.00 per couple + a dish to serve 12 people.

For additional information call:
The Mahoning County Medical Society - 788-4700

Chairman - Suzy Soleimani
Committee - Pauline Sarantopoulos, Mohini Khanna, Roghy Azarvan.



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St. Elizabeth Hospital CME

FAMILY MEDICINE GRAND ROUNDS
Finnegan Auditorium • 3-South
Friday Mornings - 8:15 a.m. to 9:15 a.m.

September 29, 1989 .... 2ND ANNUAL FAMILY MEDICINE SYMPOSIUM
8:30 a.m. - 12:30 p.m. - Finnegan Auditorium. For registration information, please contact: Mrs. Mary Ann Evanchick, Family Health Center St. Elizabeth Hospital, 216-746-7211, ext. 3631.

October 6, 1989 ..... HYPERTENSION
SANFORD MILLER, M.D., Assistant Professor of Medicine, Case Western Reserve University, Chief, Division of Nephrology, Mount Sinai Hospital, Cleveland, Ohio, a MARION Visiting Fellow, *"New Modalities in Hypertension Treatment".*

October 13, 1989 ..... CARDIOVASCULAR SURGERY
FRANCIS H. OLIVER, M.D., Assistant Professor of Medicine, Department of Medicine, Section of Cardiology, West Virginia University Medical Center, Morgantown, West Virginia, a DUPONT Visiting Fellow, *"Treating DVT and PE in the Primary Care Setting."*

October 20, 1989 ..... CARDIOLOGY
MICHAEL E. ASSEY, M.D., Associate Professor of Medicine (Cardiology), Director, Adult Cardiac Catheterization Labs, Division of Cardiology, Medical University of South Carolina, Charleston, South Carolina, a PRIZER Visiting Fellow, *"Silent Myocardial Ischemia: Prevelance, Pathophysiology, Prognosis and Treatment".*

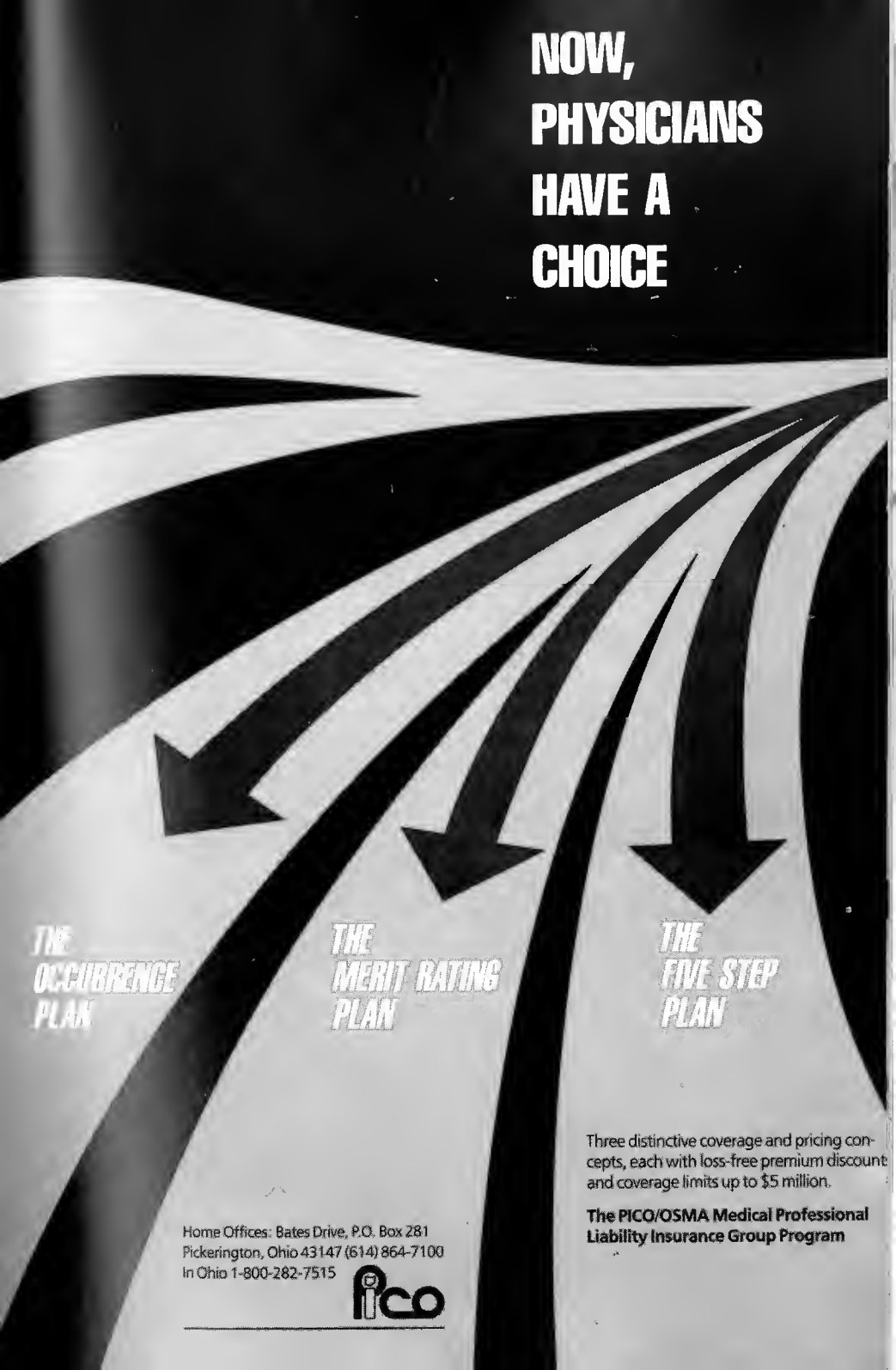
Did You Know...

The Mahoning County Medical Society Foundation for the year 1989, has granted six medical school students loans in the amount of $1,000 each.

Seventy-nine loans have been granted to Mahoning County medical students since the program was established in 1967.

COPPER WADE CLASSIC

Overlooking a boulevard of plush flowering crabtrees, just a jaunt from the beauty of Millcreek Park, this distinguished colonial of Philadelphia cut stone and frame offers many new features for today's living. The new custom cherry kitchen with Jennaire and Pella Windows leads to the 16x24 ft. studio enhanced by skylights and cherry woodworking, hardwood floors, deep crown molding, a 14x16 ft. dining room and gracious foyer are all reminders of how it used to be. The knotty pine family room with built-ins and sunken living room with 2 fireplaces lead onto a spacious screened in porch overlooking the 182 ft. landscaped lot with lower level patio. Four bedrooms, 2 full and 2 half baths, as well as, a rec room with fireplace will provide your family with something for everyone. For additional information and your own private viewing, call Karen Syrakis, Burgan Real Estate, Ltd. at 783-0055 or 788-5050.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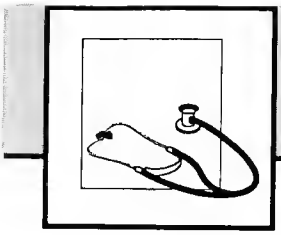

Physician's Advisory

How to track your "in-office" collections.

Payment at the time of service is still financially important despite worries about patient relations. Here are two ways to measure your staff's performance and to make clear your concern for it.

In this age of credit card thinking and computer billing, there is less emphasis on collecting for services"at the source." Yet it's as important as ever that you be paid for a patient's visit as he or she leaves your office.

A dollar collected at the source – "over the counter" - is a 100% collection; if the patient leaves without paying, it becomes a 90% to 95% dollar. Besides, there are real costs of sending and collecting each bill so that a fee escaping OTC collection shrinks even further. And your ongoing relation with a patient is less likely to be disrupted if he or she is paid-up.

Not Bad Marketing

OTC collections can be emphasized without compromising your standards for patient satisfaction. You don't have to make the effort so heavy handed that patients will choose another doctor. Many very fine offices prove this by showing a high level of OTC success along with excellent patient rapport.

In the early '80's, there was concerted management emphasis on collecting at the source. It has subsided in the last few years to the point that OTC is hardly ever mentioned by consultants and medical management articles. It's as if we are afraid to focus on the idea because it contradicts good marketing.

But "in-office" collections are as important as ever. To run a maximally profitable office, you should still assure that - within the constraints of good consumer relations - your receptionist is collecting as well as possible.

"In-Office" Ratio

Having useful information on a regular basis is one key to this management need. That's why you should know your *"in-office collection ratio"* each month. It tells you how well your receptionist collected during the month in relation to how much she *could* have collected.

To obtain the ratio, divide the total amount collected at the reception desk (including by credit card) into the total charges generated in the office. Your computer system can provide this data, or else it can with minor revision. And it is readily available from a peg-board manual system as well.

Share the ratio with the people responsible for its success - your receptionist and any other assistants who sometimes handle patient check-out. Establish a percentage goal for each month so these employees are accountable in an objective way. They

should be complimented if they meet or exceed their goal. A slipping percentage serves notice that better effort is needed. Of course, you must emphasize courteous handling of each patient.

Different Success Levels

There is no universally "desirable" ratio. An office which takes many insurance assignments, especially in conjunction with larger fee in-office procedures, may be satisfied at a 25% figure. Primary care practices can run as high as 80% to 90% with a good system and supervisory attention.

The trends from month to month are more important than the absolute percentages. If an orthopedist's office has been running at 30% and then slips to 25% several months in a row, you should find out why. Or if a general internal medicine office is at 60% success, can it be encouraged to reach 70% over the next few months? Only by knowing the ratio can you influence the performance.

Per Patient Count

There's another way to track OTC performance. Rather than focus on the amount of money involved, you might base success on the number of *patients* who actually pay up front. Your receptionist has no control over the dollars involved, especially if much of a patient's fee is submitted to insurance, but she can collect whatever the patient owes.

To apply this test, add up the number of office visit patients who made any OTC payment at all during each measuring period. And then divide that figure by the total number of patients seen in the office for the same period.

A receptionist who succeeds in collecting something from 60% of the patients may be doing an excellent job even if her "in-office collection ratio" is only 25%. It shows that she is trying consistently and that she generally succeeds in making patients recognize their obligation. And consistent with marketing constraints, you might suggest a higher per-patient goal - perhaps to collect from 7 out of 10 encounters - after seeing the data.

Managerial Emphasis

Don't slip into the belief that up front payment is no longer important. That attitude, even if conveyed only by your inattention, will quickly affect the staff's attitude since no one really likes to ask for payment. Whichever test you select, having objective data and sharing it with the employees involved bolsters performance.

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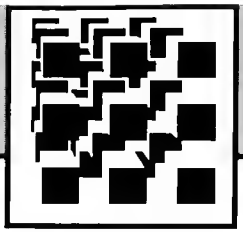


Western Reserve Care System-CME

September 30, 1989 - 8:00 a.m., Anesthesiology Lecture Series, "Anesthesia and Collagen Vascular Disease" Lester R. Melnick, D.O., Assistant Professor of Anesthesiology Northeastern Ohio Universities College of Medicine Cardiovascular Anesthesiologist Western Reserve Care System, *1-(1), Anesthesia Conference Room - Northside Medical Center

September 30, 1989 - 8:00 a.m., Tumor Conference, Tau-Too Chiu, M.D., Moderator, Assistant Professor of Plastic Surgery Northeastern Ohio Universities College of Medicine Director, Plastic Surgery Service Western Reserve Care System, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 3, 1989 - 8:00 a.m., Emergency Medicine Lecture Series "Pediatric Fractures in the Upper Extremity" Thomas Boniface, M.D., Orthopedic Surgeon, Western Reserve Care System, *1-(1) P-(l) E-(l), Medical Education Center - Northside Medical Center

October 5, 1989 - 8:00 a.m., All Divisions - Pediatrics, "Toxic Shock Syndrome", James K. Todd, M.D., Professor of Pediatrics and Microbiology/Immunology University of Colorado School of Medicine Director, Infectious Disease, The Children's Hospital of Denver Denver, Colorado, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 7, 1989 - 8:00 a.m., Anesthesiology Lecture Series, "Anesthesia for the Transplant Patient" Marc H. Uram, M.D., Associate Professor of Anesthesiology Northeastern Ohio Universities College of Medicine Neurosurgical Anesthesiologist, Western Reserve Care System, *1-(1), Anesthesia Conference Room - Northside Medical Center

October 7, 1989 - 8:00 a.m., Tumor Conference, Earnest Perry, M.D., Moderator, Assistant Professor of Surgery, NEOUCOM, General Surgeon, Western Reserve Care System, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 10, 1989 - 8:00 a.m., Emergency Medicine Lecture Series "Acute Respiratory Failure", John Politis, M.D., Assistant Professor of Internal Medicine Northeastern Ohio Universities College of Medicine Director, Pulmonary Services, Western Reserve Care System, *1-(1) P-(l) E-(l), Medical Education Center - Northside Medical Center

October 11, 1989 - 4:00 p.m. , Pathology Grand Rounds , "Placental Pathology for the General Pathologist" Ludwig M. Deppisch, M.D. , Professor of Pathology , Northeastern Ohio Universities College of Medicine Chairman, Department of Pathology and Laboratory Medicine Western Reserve Care System , *1-(1) , Administrative Conference Room - Northside Medical Center

October 12, 1989 - 8:00 a.m. , Internal Medicine Grand Rounds , "Insulin Management of the Hospitalized Diabetic Patient Priscilla Hollander, M.D., Ph.D., Director, Adult Diabetes , Vice President, Adult Diabetes and Specialty Studies International Diabetes Center, Minneapolis, Minnesota, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 12, 1989 - 8:00 a.m., Pediatric Grand Rounds, "Learning Disabilities: Status Report 1989" Melvin D. Levine, M.D., Professor of Pediatrics, Director, Clinical Center for the Study of Development and Learning, Child Development Research Institute University of North Carolina School of Medicine Chapel Hill, North Carolina, *1-(1) P-(l), Medical Education Center - Northside Medical Center

October 14, 1989 - 8:00 a.m., Tumor Conference, William G. Reeves, M.D., Moderator Assistant Professor of Internal Medicine NEOUCOM, Medical Director, Cancer CareCenter Western Reserve Care System, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 14, 1989 - 9:00 a.m., Surgical Visiting Professor, "Treatment of Stress Ulceration in Surgical Patients" Eugene J. Hammell, M.D., Assistant Director, Surgical Intensive Care Western Pennsylvania Hospital, Pittsburgh, Pennsylvania, *1-(1), Hitchcock Auditorium - Southside Medical Center

October 17, 1989 - 8:00 a.m., Emergency Medicine Lecture Series "Review of the Significance of Lipase and Amylase Elevation", Richard J. Marina, M.D. Assistant Professor of Internal Medicine Northeastern Ohio Universities College of Medicine Director, Gastroenterology Service Western Reserve Care System, *1-(1) P-(l) E-(l), Medical Education Center - Northside Medical Center

October 19, 1989 - 8:00 a.m., Internal Medicine Grand Rounds, "The Relationship of Silent Ischemia to Myocardial Infarction and Sudden Cardiac Death" Michael Assy, M.D., Associate Professor of Medicine Medical University of South Carolina, Director, Adult Cardiac Catheterization Laboratories Medical University of South Carolina Teaching Hospitals Charleston, South Carolina, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 19, 1989 - 8:00 a.m., Pediatric Grand Rounds, "Adolescent Gynecology Update", Frances G. Couch, M.D., Instructor in OB/GYN, Northeastern Ohio Universities College of Medicine Acting Chairman, Department of OB/GYN Medical Director, Women's CareCenter Western Reserve Care System, *1-(1) P-(l), Medical Education Center - Northside Medical Center

October 21, 1989 - 8:00 a.m., Anesthesiology Lecture Series, "The Laser and Anesthesia", Sundaram Harikrishnan, M.D., Pediatric Anesthesiologist, Western Reserve Care System, *1-(1), Anesthesia Conference Room - Northside Medical Center

October 21, 1989 - 8:00 a.m., Tumor Conference, Renato F. Simon, M.D., Moderator, General Surgeon, Western Reserve Care System, *1-(1) P-(l), Hitchcock Auditorium - Southside Medical Center

October 24, 1989 - 8:00 a.m., Emergency Medicine Lecture Series "Tachyarrhythmias", Keith Kuppler, M.D., Cardiologist, Western Reserve Care System, *1-(1) P-(l) E-(l), Medical Education Center - Northside Medical Center

Medical Decision Making (Continued from pg. 11)

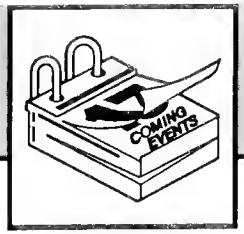
numbers of false positive results, hazardous overtreatment and increased cost. One may well ponder whether certain doctors could even make an effective diagnoses should they face a catestrophic electric power failure of sizeable duration!

In future articles we shall explore the importance of decision analysis algebra and certain principles of epidemiology in assisting the physician in evaluating some of these problems of testing. What, if any, is the importance of prevalence, sensitivity, specificity and, predictive values of diagnostic tests and clinical findings? Other questions, impacting upon problem solving, come to mind. Can we effectively interpret the literature and determining quality information? Will the computer help? What is the role of the printed page in continuing medical education? Will it be replaced by the computer? What is the value of the new science of decision analysis; can it really help in clinical problem solving?

To be successful as a medical student, resident, or practicing physician requires the ability to solve clinical problems in an undifferentiated patient population! The Art of Medicine is CLINICAL PROBLEM SOLVING! It is the mainstay of medical practice and generic for all physicians regardless of specialty. We propose that it can be effectively achieved through problem-based learning, the application of decision analysis and proper access to quality literature! We shall begin our odyssey next month by examining the concepts of Problem Based Learning.

1. Murphy EA. The Logic of Medicine. The Johns Hopkins University Press, Baltimore 1976

2. Rabey G. Analytic Medicine. Volume One: Conventions. University Park Press, Baltimore 1979.



Mark Your Calendar Now

ICD-9-CM Coding Seminars:

Sponsored by OSMA in cooperation with Conomikes Associates will be held in: **Dayton - Tuesday, October 17; Perrysburg - Wednesday, October 18; Canton - Thursday, October 19.**

The fee for the seminar is $175 per person and is open to physicians and their office staff. Contact OSMA Department of Administrative and Educational Services 1-800-282-2712 for additional information.

Multiple Sclerosis - 1989:

Clinical conference presented by Ohio State University Center, **October 20**, Columbus. Fee - $90.00. Contact Ohio State University Center for continuing Medical Education (800) 492-4445 for information.

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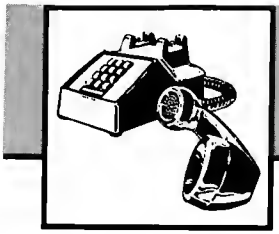

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